

<i>SERFF Tracking Number:</i>	<i>NELI-125883045</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Central States Health & Life Co. of Omaha</i>	<i>State Tracking Number:</i>	<i>41024</i>
<i>Company Tracking Number:</i>	<i>CSO GROUP</i>		
<i>TOI:</i>	<i>MS05G Group Medicare Supplement - Standard Sub-TOI:</i>		<i>MS05G.001 Plan A</i>
	<i>Plans</i>		
<i>Product Name:</i>	<i>Group Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>CSO Grp MedSupp/</i>		

Filing at a Glance

Company: Central States Health & Life Co. of Omaha

Product Name: Group Medicare Supplement SERFF Tr Num: NELI-125883045 State: ArkansasLH

TOI: MS05G Group Medicare Supplement - SERFF Status: Closed State Tr Num: 41024
Standard Plans

Sub-TOI: MS05G.001 Plan A Co Tr Num: CSO GROUP State Status: Approved-Closed

Filing Type: Rate Co Status: Reviewer(s): Stephanie Fowler

Author: Ken Beckman Disposition Date: 12/12/2008

Date Submitted: 12/08/2008 Disposition Status: Approved

Implementation Date Requested: 05/01/2009 Implementation Date: 05/01/2009

State Filing Description:

General Information

Project Name: CSO Grp MedSupp

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 14%

Filing Status Changed: 12/12/2008

State Status Changed: 12/12/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type:

Deemer Date:

The purpose of this filing is to request a rate increase and demonstrate loss ratio compliance as required annually for all the Group Standardized Medicare Supplement plans of Central States Health & Life Co. of Omaha. This filing is submitted by Philadelphia American Life Insurance Company on behalf of Central States and an authorization letter is attached.

SERFF Tracking Number: NELI-125883045 State: Arkansas

Filing Company: Central States Health & Life Co. of Omaha State Tracking Number: 41024

Company Tracking Number: CSO GROUP

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A
Plans

Product Name: Group Medicare Supplement

Project Name/Number: CSO Grp MedSupp/

Company and Contact

Filing Contact Information

Ken Beckman, Product Performance Specialist kbeckman@neweralife.com
P. O. Box 34952 (402) 905-2170 [Phone]
Omaha, NE 68134-9832

Filing Company Information

Central States Health & Life Co. of Omaha	CoCode: 61751	State of Domicile: Nebraska
P. O. Box 34952	Group Code: 690	Company Type:
Omaha, NE 68134-9832	Group Name:	State ID Number:
(402) 905-2170 ext. [Phone]	FEIN Number: 47-0123035	

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Central States Health & Life Co. of Omaha	\$50.00	12/08/2008	24381272

Created by SERFF on 12/12/2008 02:12 PM

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<i>Filing Company:</i>	<i>Central States Health & Life Co. of Omaha</i>	<i>State Tracking Number:</i>	<i>41024</i>
<i>Company Tracking Number:</i>	<i>CSO GROUP</i>		
<i>TOI:</i>	<i>MS05G Group Medicare Supplement - Standard Plans</i>	<i>Sub-TOI:</i>	<i>MS05G.001 Plan A</i>
<i>Product Name:</i>	<i>Group Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>CSO Grp MedSupp/</i>		

Disposition

Disposition Date: 12/12/2008

Implementation Date: 05/01/2009

Status: Approved

Comment: We have approved the requested 14% rate increase for Plans A, B, C, D and F to be implemented on or after May 1, 2009. This approval is subject to the following:

Increases will not be given more frequently than once in a twelve-month period.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Central States Health & Life Co. of Omaha	14.000%	\$1,360	5	\$9,714	%	%	14.000%

SERFF Tracking Number: NELI-125883045 State: Arkansas

Filing Company: Central States Health & Life Co. of Omaha State Tracking Number: 41024

Company Tracking Number: CSO GROUP

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A
Plans

Product Name: Group Medicare Supplement

Project Name/Number: CSO Grp MedSupp/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	filing authorization	Accepted for Informational Purposes	Yes
Rate	rate schedule	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>NELI-125883045</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Central States Health & Life Co. of Omaha</i>	<i>State Tracking Number:</i>	<i>41024</i>
<i>Company Tracking Number:</i>	<i>CSO GROUP</i>		
<i>TOI:</i>	<i>MS05G Group Medicare Supplement - Standard Plans</i>	<i>Sub-TOI:</i>	<i>MS05G.001 Plan A</i>
<i>Product Name:</i>	<i>Group Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>CSO Grp MedSupp/</i>		

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

10.000%

Effective Date of Last Rate Revision:

05/01/2008

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Central States Health & Life Co. of Omaha	14.000%	14.000%	\$1,360	5	\$9,714	%	%

SERFF Tracking Number: NELI-125883045 State: Arkansas

Filing Company: Central States Health & Life Co. of Omaha State Tracking Number: 41024

Company Tracking Number: CSO GROUP

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A
Plans

Product Name: Group Medicare Supplement

Project Name/Number: CSO Grp MedSupp/

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	rate schedule	S49, S48, S50, S51, S53	Revised	Previous State Filing Number: Percent Rate Change Request:	NELI-1253656 54 AR Group Med Supp rate sheets 2009.pdf 14

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
OMAHA, NEBRASKA 68134-0350

AREA FACTOR ADJUSTMENT OF PREMIUM RATES
FOR POLICY FORM S47 MP CERT. OF INS. FORMS: S48C PLAN A*
S49C PLAN B*S50C PLAN C*S51C PLAN D*S53C PLAN F

THESE FACTORS WILL BE REFILED ON AN ANNUAL BASIS AND ARE SUBJECT TO REVISION BETWEEN ANNUAL FILINGS. FACTOR REDUCTIONS OCCURRING BETWEEN ANNUAL FILINGS WILL NOT BE FILED. FACTOR INCREASES OCCURRING BETWEEN ANNUAL FILINGS WILL NOT BE IMPLEMENTED UNLESS FILED AND APPROVED.

ARKANSAS	
ZIP CODE	AREA FACTOR
71600-72199	0.85
72200-72399	1.00
72400-72999	0.85

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S47MP MEDICARE SUPPLEMENT
PLAN A CERTIFICATE OF INSURANCE FORM S48C
ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	1,986.88	2,337.50

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S47MP MEDICARE SUPPLEMENT
PLAN B CERTIFICATE OF INSURANCE FORM S49C
ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2,285.57	2,688.90

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODERULE 23	MODE	MODE FACTOR
	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S47MP MEDICARE SUPPLEMENT
PLAN C CERTIFICATE OF INSURANCE FORM S50C
ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2,553.30	3,003.88

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODERULE 23	MODE	MODE FACTOR
	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S47MP MEDICARE SUPPLEMENT
PLAN D CERTIFICATE OF INSURANCE FORM S51C
ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2,064.97	2,429.38

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODERULE 23	MODE	MODE FACTOR
	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S47MP MEDICARE SUPPLEMENT
PLAN F CERTIFICATE OF INSURANCE FORM S53C
ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2,298.35	2,703.94

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

MODERULE 23	MODE	MODE FACTOR
	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S47MP MEDICARE SUPPLEMENT
PLAN A CERTIFICATE OF INSURANCE FORM S48C
NON TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	1,963.04	2,309.46

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
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RATE SCHEDULE FOR POLICY FORM S47MP MEDICARE SUPPLEMENT
PLAN B CERTIFICATE OF INSURANCE FORM S49C
NON TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2,258.15	2,656.65

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S47MP MEDICARE SUPPLEMENT
PLAN C CERTIFICATE OF INSURANCE FORM S50C
NON TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2,522.65	2,967.82

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S47MP MEDICARE SUPPLEMENT
PLAN D CERTIFICATE OF INSURANCE FORM S51C
NON TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2,040.20	2,400.23

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
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RATE SCHEDULE FOR POLICY FORM S47MP MEDICARE SUPPLEMENT
PLAN F CERTIFICATE OF INSURANCE FORM S53C
NON TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2,270.77	2,671.49

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
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RATE SCHEDULE FOR POLICY FORM S47MP MEDICARE SUPPLEMENT
PLAN A CERTIFICATE OF INSURANCE FORM S48C
TOBACCO USER ANNUAL RATES

ATTAINED AGE -----	AREA FACTOR 0.85 -----	AREA FACTOR 1.00 -----
ALL AGES	2,198.60	2,586.59

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
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RATE SCHEDULE FOR POLICY FORM S47MP MEDICARE SUPPLEMENT
PLAN B CERTIFICATE OF INSURANCE FORM S49C
TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2,529.13	2,975.45

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
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RATE SCHEDULE FOR POLICY FORM S47MP MEDICARE SUPPLEMENT
PLAN C CERTIFICATE OF INSURANCE FORM S50C
TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2,825.37	3,323.97

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

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RATE SCHEDULE FOR POLICY FORM S47MP MEDICARE SUPPLEMENT
PLAN D CERTIFICATE OF INSURANCE FORM S51C
TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2,285.02	2,688.26

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
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RATE SCHEDULE FOR POLICY FORM S47MP MEDICARE SUPPLEMENT
PLAN F CERTIFICATE OF INSURANCE FORM S53C
TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2,543.26	2,992.07

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

SERFF Tracking Number: NELI-125883045 State: Arkansas
Filing Company: Central States Health & Life Co. of Omaha State Tracking Number: 41024
Company Tracking Number: CSO GROUP
TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A
Plans
Product Name: Group Medicare Supplement
Project Name/Number: CSO Grp MedSupp/


Supporting Document Schedules

Satisfied -Name: filing authorization **Review Status:** Accepted for Informational 12/12/2008
Purposes
Comments:
Attachment:
CSO MedSupp Authorization.pdf



AUTHORIZATION FOR FILING

Central States Health & Life Co. of Omaha hereby authorizes Philadelphia American Life Insurance Company to submit, on behalf of Central States Health & Life Co. of Omaha and under applicable insurance statutes, for approval, the Medicare supplement rate and loss ratio filing described in the cover letter.



Jacquelyn C. McCaslin, FSA, MAAA
Vice President and Chief Actuary
Central States Health & Life Co. of Omaha

01-02-2008
Dated